



Development Services

Permit Processing 425-452-4898

Application for Plumbing

APPLICATION DATE	TECH INITIALS	PLAN REVIEW waived by	PERMIT #
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Job Information
Job Address _____ Suite _____ Floor _____
Parcel # _____ Property Owner _____
Project Name (if applicable) _____
Value of the Work (fair market value of labor & materials) \$ _____ Current Building Permit # _____
Occupancy Type: ☐ Single Family Residential ☐ Multi Family Residential ☐ Non-Residential
Activity Type: ☐ New Structure ☐ Addition to Existing Structure ☐ Alteration to Existing Structure ☐ Repair or Replacement

Plumbing Contractor Information
Plumbing Contractor _____ Phone (_____) _____
Address _____ City, State, Zip _____
Contractor's State License # _____ **Contractor's Bellevue Business License #** _____
Required. Please call the Tax Office at 425-452-6851
Contact Person _____ Phone (_____) _____
Email Address _____ Fax (_____) _____

Does this permit include work in any of the following areas?
☐ Commercial Kitchen ☐ Food Preparation ☐ Food Service ☐ Hazardous Waste ☐ Laboratory

Description of Plumbing Work (indicate number of fixtures) See **reverse side** for plan review requirements.

<input type="checkbox"/> Backwater Valve	<input type="checkbox"/> Instant Hot Water Tap	<input type="checkbox"/> Sovent System
<input type="checkbox"/> Bar Sink	<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> Storm or Yard Drain
<input type="checkbox"/> Bathroom Sink	<input type="checkbox"/> Laundry Sink	<input type="checkbox"/> Sump Pump
<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub	<input type="checkbox"/> Toilet
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Medical Gas Outlet	<input type="checkbox"/> Trap Primer
<input type="checkbox"/> Commercial Kitchen Sink	<input type="checkbox"/> Medical Gas System	<input type="checkbox"/> Underslab or Footing Drain
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> Urinal
<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Oil or Sand Interceptor	<input type="checkbox"/> Waste Interceptor
<input type="checkbox"/> Engineered Laboratory Systems Piping	<input type="checkbox"/> Pool or Spa Drain	<input type="checkbox"/> Waste & Vent Combined System
<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Pressure Reducing Valve	<input type="checkbox"/> Water Heater Electric < 60 gallons
<input type="checkbox"/> Floor Sink	<input type="checkbox"/> Rain Water Recovery System	<input type="checkbox"/> Water Heater Electric => 60 gallons
<input type="checkbox"/> Garage Drain	<input type="checkbox"/> Reclaimed Water System	<input type="checkbox"/> Water Heater Electric-Tankless
<input type="checkbox"/> Grease Interceptor	<input type="checkbox"/> Roof Drain - Exterior	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grease Trap (Hydro-Mech Interceptor)	<input type="checkbox"/> Roof Drain - Interior	_____
<input type="checkbox"/> Grey Water System	<input type="checkbox"/> Service Sink	_____
<input type="checkbox"/> Hose Bib	<input type="checkbox"/> Sewage Ejector or Grinder Pump	_____
<input type="checkbox"/> Ice Maker	<input type="checkbox"/> Shower, Tub or Combo	_____
<input type="checkbox"/> Indirect Drain	<input type="checkbox"/> Sink	_____

Total # of Fixtures listed above _____ Total # of Floors serviced _____
☐ Backflow Preventer (size of pipe: _____ inches) ☐ Water Service (size of pipe: _____ inches)

I understand this application will expire if not issued within 365 days. (BCC 23.05.160)

I hereby certify that I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.

Signature _____ Date _____

Plan Review Requirements for Plumbing Applications

<p>When are PLANS required?</p>	<ul style="list-style-type: none"> • New non-residential building • New multifamily residential projects (3 or more dwelling units per building) • Roof drains and overflow systems • Any work involving: <ul style="list-style-type: none"> ○ Medical gas piping ○ Commercial kitchens, Food preparation, Food service **King County Health Department approval required ○ Hazardous waste ○ Laboratory • Oil or sand interceptor, waste interceptor, grease interceptor or grease traps installation • Sumps (residential sump pumps need prior approval (mandatory job conference) but not plan review) • Underslab or footing drains within the building
<p>Copies of the plans and other documents</p>	<p style="text-align: center;">2 copies of Plan View with a Riser Diagram or an Isometric</p>
<p>Plan Requirements</p>	<ul style="list-style-type: none"> • Pipe size and fixture units for sanitary and potable water systems • Location and type of proposed fixtures • Fixture details or equipment list • Riser diagram with waste, vent and potable water piping locations and sizes • Medical gas piping: show type of gas, zone and control valves • Sumps: elevation of finish floor and of sanitary sewer • Underslab or footing drains: Detail of drains/cleanouts and design in accordance with geotechnical engineer. Include engineered system plan views and isometrics • Roof drains or overflow piping: Pipe size and square footage of each roof area. Include on plan views all roof areas served by each rood drain and the area calculations. • Laboratory or Hazardous waste: Provide information about all chemicals being used in and around the lab. Coordinate with King County Hazardous Waste. • Rainwater, reclaimed water or greywater reuse systems: plan views and isometric drawings including exterior equipment and storage tanks. • Commercial kitchen, food service or food preparation (except employee lounge “self-help” kitchenettes): plan views and isometrics or riser drawings for waste, grease waste and water. Provide plan view of all kitchen equipment with equipment schedule. Grease interceptor information required i.e. interior or exterior interceptor or connection to existing interceptor. King County Health Department approval required, approved drawings must be submitted.
<p>Who can answer code or plan review questions?</p>	<p style="text-align: center;">Bob Heavey (425) 452-6877 rheavey@bellevuewa.gov</p>

Updated 10/17/2011